

Department of State - Business Services Division

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Annual Report for the year: 2020 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50,00
- → Penalty. Additional \$25.00 fee if form is not filed by December 1.

1, Entity ID Number 001701707	Exact name of the Limited Liability Company Basecamp Occupation, LLC					
3. NAICS Code 541214	4. Brief description of the character of business conducted in Rhode Island THE COMPANY IS FORMED FOR THE PURPOSE OF ENGAGING IN PAYROLL SERVICES.					
5. State of Formation RI						
Principal Office Address			City		State	Zip
C/O ARCHIPELAGO 7 LLC, 9	RENO		NV	89521		
7. Mailing Address of Limited L	ability Company	and Name or Title	of Contact Person			
Contact Name			Contact Title			
Street Address	City		State	Zıp		
8. List ALL managers (names a	and addresses)	of the Limited Liabil	lity Company, IF APP	LICABLE - DO	NOT LIST ME	MBERS
Manager Name ARCHIPELAGO 7, LLC			Manager Name			
Street Address 9650 GATEWAY DRIVE, SUTTE 200			Street Address			
City RENO,	State NV	Zip 89521	City		State	Zıp
Manager Name	Manager Name					
Street Address			Street Address			
City	State	Zıp	City		State	Zıp
		<u> </u>	<u> </u>	Chec	k the box to ind	icate an attachment
9. The Resident Agent informat	tion currently of	record with the RI D	epartment of State is	s accurate. Ch	anges require fi	ling Form 642
Under penalty of perjury, I de statements, and that all state				cluding any a	ccompanying s	schedules and
Name of Authorized Person					Date	
MEREDITH ALBRIGHT					10/16/2020	
Signification of Multiport Person	1					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

OCT 2 3 2020

FORM 632 - Revised: 08/2020